

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/10

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER		
	1 ST AMENDMENT		2 ND AMENDMENT			1 ST AMENDMENT		2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1					51					
2		1			52					
3		1			53					
4	1				54					
5	1				55					
6	1				56					
7	1				57					
8	1				58					
9	1				59					
10	1				60					
11	1				61					
12	1				62					
13					63					
14					64					
15					65					
16					66					
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41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	1									
TOTAL DEP.	17									
TOTAL CLAIMS	18									